



ACTON BOARD OF HEALTH  
APPLICATION for HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment: GORDON RICHARDS, INC.  
Site Address: 21 MAPLE STREET ACTON, MA 01720  
Mailing Address: SAME  
Business Telephone: 978-263-9195  
Corporate Officers: GORDON RICHARDS President - TRMS.  
Emergency Contact Person: SAME  
Emergency Telephone (Day): 978-263-9195 Emergency Telephone (Night): 978-263-7975  
Type of Business: CONCRETE FOUNDATIONS

\*Aquifer Location:

- ☐ well protection [1]  
☐ recharge protection [2]  
☐ aquifer protection [3]  
☐ watershed protection [4]

\*Watershed District:

- ☐ Fort Pond  
☐ Nashoba Brook

\*Maps available at Acton Health Department.

Type(s) of Permits Needed: ( ? )

- ☐ remedial action following a discharge: [# 5 (discharge), # 6 (remediation)]  
☐ small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):  
    [generator: # 3 (mat.), # 1 (waste) (lrg.), # 2 (waste) (sm.)]  
    [user: # 4 (mat.), # 7 (waste)]  
☐ storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]  
☐ storage, use, generation of extremely hazardous material  
☐ storage of hazardous material or waste overnight in trucks  
☐ storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (lrg.), # 11 (sm.)]  
☐ UST storage of flammable or combustible materials  
    ☐ change in material stored  
    ☐ removal of underground tank

Other Requirements:

- ☒ MSDSs for all chemicals listed on application  
☒ emergency or contingency plan for an accidental spill  
☒ site plan of premises showing areas where chemicals are stored (including tanks and piping)  
☒ copies of all disposal manifests (or other documents) showing proper disposal measures  
evidence of date(s) of purchase for all storage systems  
all relevant documentation (permits and citations):

- \_\_\_\_ Generator Status (LQG, SQG, VSQG)  
\_\_\_\_ Used Oil Burner Permit (Class A Recycling Permit)  
\_\_\_\_ Non-hazardous Industrial Wastewater Holding Tank Permit (BWP IW 29)  
\_\_\_\_ Other

----- Do Not Complete below This Line -----

- ☐ representatives at Board of Health application review hearing (date:)

Recommended Conditions: 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 14, 15, 21, 25, 26  
Signature/Date: Sharon Walker Minister/Book P-25-200

**INFORMATION TO BE INCLUDED**

**WITH THE HAZARDOUS MATERIALS PERMIT APPLICATION:**

- \_\_\_\_\_ Copies of the Material Safety Data Sheets (MSDSs) for all chemicals listed on the Annual Throughput Sheet
- \_\_\_\_\_ An Emergency or Contingency Plan in case of any accidental spill
- \_\_\_\_\_ A site plan of the premises, including the area where all chemicals are stored
- \_\_\_\_\_ The presence of a representative from your company at the Board of Health meeting during the application review is required
- \_\_\_\_\_ Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifests are not required by state or federal law, some other proof of proper disposal shall be submitted.

**Comprehensive Emergency Management Plan Town of Acton ANNEX R**

**HAZARDOUS MATERIALS FACILITY PROFILE**

**FACILITY INVENTORY**

✓ **FACILITY NAME:** \_\_\_\_\_

✓ **ADDRESS:** \_\_\_\_\_

✓ **TELEPHONE:** \_\_\_\_\_

**FACILITY EMERGENCY COORDINATORS**

✓ **Prime Contact Name:**

**Title:**

**Business Phone:**

**Home Address:**

**City:**

**Residence Phone:**

✓ **Alternate Contact Name:**

**Title:**

**Business Phone:**

**Home Address:**

**City:**

**Residence Phone:**

**Alternate Contact Name:**

**Title:**

**Business Phone:**

**Home Address:**

**City:**

**Residence Phone:**

**Comprehensive Emergency Management Plan Town of Acton ANNEX R**

**HAZARDOUS MATERIALS FACILITY PROFILE**

**FACILITY INVENTORY**

**I. Fire Suppression (Equipment and Personnel)**

**A. Hydrants (Hose Size and Locations\*):**

N/A

**B. Vehicles (Type, Capability and Capacity):**

**C. Equipment (Type, Capability and Locations\*):**

**D. Trained Personnel (Number and Level of Training):**

**\*You may use a map to provide locations.**

**II. Law Enforcement (Security Equipment and Personnel)**

**A. Equipment (Number and Type):**

N/A

**B. Trained Personnel (Number and Level of Training):**

**Comprehensive Emergency Management Plan Town of Acton ANNEX R**

**HAZARDOUS MATERIALS FACILITY PROFILE**

**FACILITY INVENTORY**

**III. Construction (Equipment and Personnel)**

**A. Equipment (Number and Type):**

1 tractor

8 pickups  
4 3000 flathead

**B. Operators (Number and Type):**

**IV. Transportation (Vehicles)**

**A. Buses (Number and Capacity):**

N/A

**B. Special Vehicles (Number and Capacity):**

N/A

**V. Medical (Facilities, Equipment and Personnel)**

**A. Infirmary/First Aid Room (Capacity and Equipment):**

N/A

**B. Trained Personnel (Number and Level of Training):**

N/A